

Online Enrollment Guide

Flexible Spending Accounts (FSA)

Open Enrollment for the **2018 Plan Year** begins **November 1, 2017** and ends **11:59 pm (Eastern Time) Friday, November 17, 2017**. You **MUST** enroll online during open enrollment each year for the upcoming Plan Year. If you fail to enroll within the time period described above, then you may not elect to participate in the Plan until the next Open Enrollment Period or until a qualifying event occurs that would justify a mid-year election change.

- Go to enroll.asiflex.com to access the ASIFlex Online Enrollment Site.
- Enter the Employer- Provided Code Word: **DE** and click "*Continue*".

IMPORTANT: Online Enrollment is **REQUIRED** each year if you wish to continue your FSA participation. FSA elections **DO NOT** rollover to the next plan year automatically.



NOTICE: Your elections are not saved until you reach the Review screen and click on the Confirm button. You will then receive a confirmation number. If you do not get a confirmation number, your elections are not saved yet.

Welcome to Online Enrollment!

To begin, we need the Code Word provided by your employer. If you do not have this code word, please contact your employer's Human Resources department to obtain it.

Employer-Provided Code Word:

State of Delaware Flexible Spending Account Plan Online Enrollment and Elections

Delaware employees use a **special ID number** which includes the **Employee ID plus the last four digits of the Social Security Number**.

Please enter your Employee Identification Number:

- Enter your Employee Identification Number (Employee Identification Number is the six digit Employee ID **PLUS** the last four digits of the Social Security Number). Click "*Continue*".

State of Delaware Flexible Spending Account Plan Online Enrollment and Elections

Please Enter the first 3 letters of your last name: If your last name is less than 3 letters, enter your last name.

Please enter the initial of your first name:

- Enter the first three letters of last name and then the initial of first name. Click "*Continue*".
- Employee may be prompted to enter full first name, last name or re-enter Employee Identification Number (employee ID plus the last four digits of your social security number) for verification purposes.

State of Delaware Flexible Spending Account Plan Online Enrollment and Elections

Make your selection from the list of available choices below:

PLEASE NOTE: It is only necessary to select Mass Transit/Van Pool and/or Parking if you would like to enroll for the first time or if you would like to make a change to your election. These accounts roll over from year-to-year, and you do not need to do anything if you want your election to stay the same next year.

- ☒ Flexible Spending Account Elections
- ☐ Mass Transit / Van Pool Elections
- ☐ Parking Elections
- ☐ Log out

- Select "*Flexible Spending Account Elections*"

What if the system does not recognize my information?

If the system does not recognize your information, it may be due to:

- Employee did not enter the Employee Identification Number correctly. It is the **6 digit employee ID, plus the last four digits of their social security number** (no dashes or spaces).
- Employee did not enter name correctly. The name provided to ASIFlex is what is entered into PHRST by the employee's Human Resources/Benefits Office. **This will include initials, hyphenations, pre-fixes, suffixes, etc.**
- Employee was not in a benefit-eligible position or was on a Leave of Absence as of the October 13, 2017 pay. **Employees should contact their Human Resources/Benefits Office to confirm benefit eligibility.**

Note: If you wish to make a change to your **2018 FSA Open Enrollment** elections, you may login and enroll again anytime during Open Enrollment using this procedure. **The last on-line enrollment with a confirmation number submitted between November 1st and November 17th will be applied to your 2018 FSA participation.**

Health Care Flexible Spending Account (HCFSA)

- If you wish to participate in this account, check the box next to "Health Care Account".
- Select either Pay Period or Annual to enter your deductions.
- You may then enter either the Pay Period Amount or Annual Amount and hit "Calculate".
- (Please Note: Annual Maximum is \$2,650.00; Annual Minimum is \$50.00)
- Once you are satisfied with your election, click "*Continue*" to go to the next page.

IMPORTANT: Qualifying health care expenses include medical, dental, vision, and prescriptions for you & your tax dependents. Federal regulations do not allow any insurance premiums or long-term care expenses to be included under the FSA.

Flexible Spending Account Elections

Health Care Account (Qualified expenses include medical, dental, vision, prescriptions for you and qualified dependents.)

You may choose to participate in a health FSA plan or you may decline to enroll in this portion of the program:

☒ Health Care Account
☐ Decline

Would you like to enter your elections by pay period or annual for the year?

☐ Pay Period
☒ Annual

Please enter the Annual Amount you would like to have deducted. Then click on the Calculate button to have the Pay Period Amount calculated based on the number of pay periods for the year.

Annual Amount	Pay Periods	Pay Period Amount	
\$2,600.00	/ 26	= \$100.00	<input type="button" value="Calculate"/>

[To review or print the detailed FSA Plan Booklet, please click here.](#)

→ If you do not wish to participate in the **HCFSA**, select "*Decline*" and click "*Continue*".

Flexible Spending Account Elections

Health Care Account (Qualified expenses include medical, dental, vision, prescriptions for you and qualified dependents.)

You may choose to participate in a health FSA plan or you may decline to enroll in this portion of the program:

☐ Health Care Account
☒ Decline

[To review or print the detailed FSA Plan Booklet, please click here.](#)

Dependent Care Flexible Spending Account (DCFSA)

- If you wish to participate in this account, check the box next to "Dependent Care Account".
- Select either Pay Period or Annual to enter your deductions.
- You may then enter either the Pay Period Amount or Annual Amount and hit "Calculate".
- (Please Note: Annual (household) Maximum is \$5,000.00; Annual Minimum is \$50.00)
- Once you are satisfied with your election, click "Continue" to go to the next page.

IMPORTANT: Qualified expenses for Dependent Care are those incurred primarily for the protection and well-being of a Qualifying Individual while you work.

It **DOES NOT** include medical, dental, vision or prescription expenses for your dependents.

Flexible Spending Account Elections

Dependent Care Account (Qualified expenses include work related child care and/or elder care expenses.)

You may participate in following plan by checking it. Or you can decline by not choosing it and selecting Continue.

- ☒ Dependent Care Account
☐ Decline

Would you like to enter your elections by pay period or annual for the year?

- ☐ Pay Period
☒ Annual

Please enter the Annual Amount you would like to have deducted. Then click on the Calculate button to have the Pay Period Amount calculated based on the number of pay periods for the year.

Annual Amount	Pay Periods	Pay Period Amount	
\$5,000.00	/ 26	= \$0.00	<input type="button" value="Calculate"/>

[To review or print the detailed FSA Plan Booklet, please click here.](#)

→ If you do not wish to participate in the **DCFSA**, select "Decline" and click "Continue".

Flexible Spending Account Elections

Dependent Care Account (Qualified expenses include work related child care and/or elder care expenses.)

You may participate in following plan by checking it. Or you can decline by not choosing it and selecting Continue.

- ☐ Dependent Care Account
☒ Decline

[To review or print the detailed FSA Plan Booklet, please click here.](#)

Reimbursement

Note: If you change the information on this page, it will affect your direct deposit for ALL programs administered by ASIFlex.

☒ Use my banking info already on file

-- or --

☐ For rapid and secure reimbursement, to my bank account.

Routing Number:

Account Number:

Account Type:

-- or --

☐ Mail reimbursement check to my home. I understand that some banks may assess a fee to cash checks. I also understand that this reimbursement option is not recommended and that my employer and ASIFlex are not responsible for delayed or lost mail.

If you would like to be notified by text, email, or both, check the option(s) below and fill out the information requested.

☒ Text

Cell Phone Number:

Cell Phone Carrier:

☒ Email

Email Address:

Reimbursement

- Select method of reimbursement:
 - Deposit to a bank account already on file (current FSA participants)
 - Deposit to a new bank account
 - Mail to your home address.
- Complete the bank Routing Number, Account Number and Type of Account.
- Select your preferred notification method: Text or email (*you may select both*).
- Provide the appropriate contact details (your mobile phone number and wireless carrier information and/or email address).
- Click "Continue" to go to the next page.

Debit Card

- Choose **Yes** or **No** to indicate if you wish to receive a debit card. If you are a current debit card holder, you must choose yes if you would like your card to be funded for the new plan year.
- Click "*Continue*" to go to the next page. (If you selected No, you will be directed to the "Final Review" screen.)

Debit Card Application for Health Care FSA

- Complete the application.
- Click "*Continue*" to go to the next page.

IMPORTANT: The ASIFlex Debit Card provides a convenient method to pay for out-of-pocket health care expenses. The debit card is a great benefit, but it is important to understand use of the card is not paperless and **DOES NOT** eliminate paperwork.

Review Before Sending


- Review and confirm your elections on the screen.
- Click "*Go Back*" to change your enrollment elections. Do not use the web browser navigation to return to a page, otherwise **ALL** information will be **LOST**. **The enrollment will NOT be completed.**
- Once you are satisfied with your elections, click "*Confirm*" to complete your enrollment.

Your Elections Have Been Recorded

- The final screen will display your confirmation number and elections.
Print or save this page for your records.
- Click "*EXIT*" to leave Open Enrollment portal. This will return you to the ASIFlex homepage.

Returning FSA Participants: You may log into your ASIFlex Account, however, your 2018 FSA Open Enrollment elections will not appear on your account until January 1, 2018.


New FSA Participants: ASIFlex will mail a confirmation statement to your home.



NOTICE: Your elections are not saved until you reach the Review screen and click on the Confirm button. You will then receive a confirmation number. If you do not get a confirmation number, your elections are not saved yet.

Debit Card

Your employer offers a debit card which may be used for eligible health care expenses.



4036 1234 5678 9010
4036 12/16
BEN SMITH VISA

☐ Yes
☒ No

A non-refundable annual fee of \$6.00 will be charged to your account if you elect to receive a debit card.

Your Elections Have Been Recorded

Confirmation # J-415000-18-0913120941

Flexible Spending Accounts

Category	Participate	Per Pay Period Contribution	Annual Contribution
Health Care Account	Yes	\$100.00	\$2,600.00
Dependent Care Account	Yes	\$192.31	\$5,000.00

Reimbursements for Claims

You have elected to receive reimbursements by Direct Deposit
Bank: xxxxx5759 ARTISANS BANK
Acct: xxxxx3333 (Checking)
You have elected NOT to receive a debit card.

You have selected texting for notification.

Cell Phone Number: (302) 555-1234
Cell Phone Carrier: AT&T Wireless ATT

You have selected email for notification.

Email Address: employee@email.com

That's it! Your elections have been recorded. The confirmation number at the top is your indication that your enrollment elections have been received by ASIFlex. It is unnecessary to call to ask if we received it. **We only issue confirmation numbers like the one at the top of your screen for the enrollment elections that we successfully receive.**

PLEASE PRINT THIS PAGE FOR YOUR RECORDS!

For the protection of your privacy, we've made it impossible to retrieve your enrollment elections once you leave this screen. **Print this screen so that you have a record of your enrollment elections!**

Call ASIFlex at (800) 659-3035 if you need assistance with enrollment or have plan questions.